

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1					
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
22						
23	1					
24						
25	1					
26						
27						
28						
29						
30						
31						
32	1					
33	1					
34						
35						
36						
37						
38						
39						
40	1					
41	1					
42						
43	1					
44						
45						
46						
47	1					
48						
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
53	1											
54			1									
55												
56			1									
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59	1											
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												